2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

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Entity Name: M & I INSURANCE SERVICES, INC.

Current Principal Place of Business:

111 E. KILBOURN AVE, STE 200
MILWAUKEE, WI 53202

New Principal Place of Business:

Current Mailing Address:

111 E. KILBOURN AVE, STE 200
MILWAUKEE, WI 53202

New Mailing Address:

FEI Number: 39-1427310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: DUCA, JAMES F II
Address: 111 E. KILBOURN AVE, STE 200
City-St-Zip: MILWAUKEE, WI 53202

Title: SVPD
Name: CURTIS, WILLIAM K
Address: 111 E. KILBOURN AVE, STE 200
City-St-Zip: MILWAUKEE, WI 53202

Title: VPT
Name: CRAIN JR, WILLIAM J JR
Address: 111 E. KILBOURN AVE, STE 200
City-St-Zip: MILWAUKEE, WI 53202

Title: SEC
Name: CURTIS, WILLIAM K
Address: 111 E. KILBOURN AVE, STE 200
City-St-Zip: MILWAUKEE, WI 53202

Title: P
Name: DUCA, JAMES F II
Address: 111 E. KILBOURN AVE, STE 200
City-St-Zip: MILWAUKEE, WI 53202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES F DUCA II PRES 01/03/2012

Electronic Signature of Signing Officer or Director Date